Entered - 05/19/00 - sb CL00L0303 - DIANNE C. MITCHELL

00- \mathcal{L} -1726

CLAIM OF: WILLIAM C. FINCH, JR.

2903 North Hills Drive Atlanta, Georgia 30305

For damages alleged to have been sustained as a result of a sewer back up on December 9, 1999 at 2903 North Hills Drive.

THIS ADVERSED REPORT IS APPROVED

ROSCHUSO Kubers X QUEOL ROSALIND RUBENS NEWELL

DEPUTY CITY ATTORNEY

DEPARTMENT OF LAW - CLAIM INVESTIGATION SUMMARY

Claim No. <u>00L0303</u>	Date: <u>October 10, 2000</u>
	D
Claimant /Victim WILLIAM C. FINCH, J	K.
BY: (Atty.) (Ins. Co.)	tlanta Caargia 20205
Address: 2903 North Hills Drive, A	tlanta, Georgia 30305 5,827.79 Bodily Injury \$
Subrogation: Claim for Property damage 5	tton proper Y Improper
Date of Notice: <u>04/25/00</u> Method: Wil	tten, proper X Improper Ante Litem (6 Mo.) X e: 2903 North Hills Drive
Conforms to Notice: O.C.G.A. §30-33-3A	2002 North Hills Drive
Date of Occurrence 12/09/99 Plac	Division Cover Operations
Denartment Public Works	Division. Sewer Operations
Employee involved	Disciplinary Action:
NATURE OF CLAIM: The claimant alleges his prope	erty was damaged due to a sewer back up. The investigation
determined that the City had no notice of any problems	with the sewer prior to the incident involving the claimant.
The City is immune from liability as set forth in O.C.C.	G.A.§36-33-1,
The City to minimum 11011 11011	
INVESTIGATION:	
CI.	Ottors Whitton Oral
Statements: City employee Claimant	Others Written Oral Other
Pictures Diagrams Reports: Police	e Dept Report _X Other
Traffic citations issued: City Driver	Claimant Driver
Citation disposition: City Driver	Claimant Driver
BASIS OF RECOMMENDATION:	
Functions Covernmental Y	Ministerial
Improper Notice More than Six Months	Ministerial Other X Damages reasonable
City ast involved. Offer reject	tedCompromise settlement
Density and accoment by Inc. Co.	Repair/replacement by City Forces
Claiment Medicant City Mediaent	JointClaim Abandoned
Claimant Negrigent City Negrigent	John Claim Houndoned
	Respectfully submitted,
	(N)
	Dun Kulul
	INVESTIGATOR - DIANNE C. MITCHELL
RECOMMENDATION: /	
	ATTO
Pay \$ Adverse X	Account charged: 1A01 2J01 2H01 2H01
Claims Manager: //www. Cutting	Concur/date 10-10 70
Committee Action:	Council Action
FORM 23-61	

04-25-00P03:48 RCVD

Jordan

COUNCIL OF THE CITY OF ATLANTA MUNICIPAL CLERK City Hall 55 Trinity Avenue, S.W.

Atlanta, Georgia 30335

RE: CLAIM FOR DAMAGES

05/17/10

APR 25

Today's Date: 12-9-99

ENTERED - 5-19-00 - SB 001.0303 - DORBS JORDAN

			00F0303 -	DOBBS JORDAN	
Dear Municipal Cle					
This is to notify the	City of Atlanta that I bodily injury for whic	have suffered dama h I contend the City	ges in the amount sum of is liable.	s 5827.79 px	coperty and /or
1. Date of incident:	$\frac{12/9/4}{(\text{month/day/year})}$	2. Time of	Incident: <u>RAM</u>	3. Police called:Yes	
					SEWER DEPT,
5. Name of your ins	urance company: <u>/</u>	tm ICA	Pol	icy No	
6. State what and h	ow incident occurred:	SEWAGE	BACKEDU	IN TO HOUS	SE'
UPSTMES	TUR SHOW	NER AND	TOILET OVER	FLOWED; D	DWNSTAIRS
				PIPES - BAY	
HALL, BE	DROOM AN	O CLOSET	<u> </u>		
			INSPECTION. THE MA RESULT IN CRIMINAL	KING OF FALSE CLAIR PROSECUTION!	MS WILL
	f of ownership of your	vehicle (copy of the	ages, complete the followicurrent tag receipt or titl (Tag Number)	ng and attach two (2) esti e). (Driver's Nam	
	•		((2:0:0:0:0:0:0:0:0	•
City vehicle:	(Make)	(City Driver's	s Name)	(Department/Bureau)	
9. Witness:					
	(Name)		(Address)	(Telephone Numb	er)
			overeign immunity of the c City of Atlanta and / or	City of Atlanta, as grante its employee(s).	d by
11. This claim shoul	d be mailed immediate	ely to the address sho	own above.		
	EAR OR AFFIRM TI N IS TRUE AND CO	-		C. FINCH Print Claimant's Name)	JR,
Signature of Claimant		2903 NORTH HILLS ORIVE (Address)			
			ATLANTA	GA 3030 (y, State and Zip Code)	5
				87 404.2	62.3430